



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SOUTH TEXAS RADIOLOGY GROUP
P O BOX 29407
SAN ANTONIO TX 78229-5907

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

#54

MFDR Tracking Number

M4-12-2563-01

MFDR Date Received

APRIL 9, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We originally filed bills with Mitsui Sumitomo for services performed on...We became aware that we had billed the wrong insurance company on 10/21/2011 and subsequently billed the insurance within 95 days. Per 28 TAC 133.20 we have 95 days to claim once we became aware of new insurance information if we have previously billed a Work Comp or Commercial insurance."

Amount in Dispute: \$13.38

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual maintains its position the bill for date 5/25/11 is untimely. No payment is due."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Highway 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 25, 2011	CPT code 73630-26	\$13.38	\$13.38

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 3, 2011

- CAC-29 – THE TIME LIMIT FOR FILING HAS EXPIRED
- 731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05

Explanation of benefits dated March 1, 2012

- CAC-18 – DUPLICATE CLAIM/SERVICE
- CAC-29 – THE TIME LIMIT FOR FILING HAS EXPIRED
- 731 – PER 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE THE SERVICE, FOR SERVICES ON OR AFTER 9/1/05

Issues

1. Did the requestor forfeit the right to reimbursement for the services in dispute?
2. Did the requestor timely file the medical bill that included the disputed services?
3. Is reimbursement due?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” Texas Labor Code §408.0272(b) states, in pertinent part “Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title;” Documentation submitted by the requestor supports that the services in dispute were erroneously billed to the Texas workers' compensation insurance carrier MITSUI SUMITOMO. The division concludes that the requestor did not forfeit its right to reimbursement for the service in dispute because the requestor met the exception described in §408.0272(b)(1)(C).
2. Texas Labor Code §408.0272 goes on to state “(c) Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to **submit** the claim to the correct workers' compensation insurance carrier within 95 days **after the date the provider is notified** of the provider's erroneous submission of the claim.” Documentation found supports that the requestor obtained the correct workers' compensation insurance information on October 21, 2011. The requestor was therefore required to submit the medical bill for the service in dispute not later than 95 days from October 21, 2011. In this case, the date that the disputed services were **sent** to the correct carrier can be established by examining the explanation of benefits provided. 28 Texas Administrative Code §102.4(h)(2) which states, in pertinent part, that the date **sent** is “...the date it [the written communication] was received minus five days.” Review of the explanation of benefits provided by the parties indicates that the medical bill for the disputed services was received by the respondent on November 3, 2011. Therefore, the date sent in accordance with 28 Texas Administrative Code §102.4(h)(2) is November 3, 2011, minus five days. The division concludes that the date the requestor sent the medical bill to the correct workers' compensation insurance carrier does not exceed 95 days from the date the provider was notified. The division concludes that the health care provider timely submitted the disputed services to the carrier; therefore the services are eligible for payment.
3. Reimbursement for the services in dispute are addressed in 28 Texas Administrative Code §134.203(c) which states in pertinent part, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, **Radiology**, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83... Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.” The MAR for the payable services may be calculated by using the following formula: (TDI-DWC Conversion Factor / MEDICARE CONVERSION FACTOR FOR 2011) x Medicare Price = MAR

Code	MAR Calculation	MAR
73630	(54.54/33.9764) x \$8.34 for 1 Unit	\$13.38

The total allowable for the disputed services is \$13.38. The carrier paid \$0.00; therefore \$13.38 is recommended for payment.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$13.38.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$13.38 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	March 8, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.